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09/054,660	04/03/98	604	3734	C-6-2

APPLICANT

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****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF 08/753,227 11/22/96 PAT 5,873,855
 WHICH IS A CIP OF 08/562,331 11/22/95 PAT 5,683,366
 WHICH IS A CIP OF 08/485,219 08/07/95 PAT 5,627,281
 WHICH IS A CIP OF PCT/US94/05168 05/10/94

****371 (NAT'L STAGE) DATA*******
 VERIFIED WHICH IS A CIP OF 08/059,681 05/10/93 ABN
 WHICH IS A CIP OF 07/958,977 10/09/93 PAT 5,366,443
 WHICH IS A CIP OF 07/817,575 01/07/92 ABN

****FOREIGN APPLICATIONS*******

VERIFIED PCT US94/05168 05/10/94

FOREIGN FILING LICENSE GRANTED 05/01/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 21	TOTAL CLAIMS 79	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials <u>MP</u> Initials _____					

ADDRESS

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TITLE

SYSTEMS AND METHODS FOR ELECTROSURGICAL MYOCARDIAL REVASCULARIZATION

FILING FEE RECEIVED \$2,170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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